

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2020 - 252 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

James Powell dba A to B moving
(Please type or print)

Submitted by: James Powell

Address: 1286 Bacon Rd
Aiken South Carolina
29805

Telephone: 803-645-2572

Fax: _____

Other: _____

Email: anthonyfrankfernandes@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 21 2020
PSC SC
CLERK'S OFFICE

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: October 7, 2020

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1.

James Powell dba

A to B moving and services

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1286 Bacon Rd Aiken S.C. 29805
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-508-9775(home) 803-645-2572 (business)
Phone FAX

anthonyfrankfernandes@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.
-
-
-
-

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="15"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="\$ 15,000.00"/>	Loans Owed on Motor Vehicles	<input type="text" value="\$ 15,000.00"/>
Cash on Hand	<input type="text" value="\$ 2,000.00"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="\$ 6,000.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="\$ 720.00"/>	Total Liabilities	<input type="text" value="\$ 15,000.00"/>
Total Assets	<input type="text" value="\$ 23,720.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

See attached

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

Bill of Tariffs

monday - friday two movers and
truck

\$110.00 - per hr.

each additional mover

\$40.00 hr /

Two hour minimum

\$40.00 fuel charge

and truck maintenance

\$100.00 piano fee

~~\$200.00~~ safe moving fee

customer time starts

upon arrival at pick-up location

and stops at end of

job at delivery location

Lexington and Barnwell counties

will be charged travel time

to pick up location and

travel time back after job

ACCEPTED FOR PROCESSING - 2020 October 22 9:59 AM - SCPSC - 2020-252-T - Page 7 of 19

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

James Powell

Name of Applicant

1286 Bacon Rd Aiken S.C. 29805

Address of Applicant

Amount of Premium:

Liability Insurance \$ ~~\$750,000.00~~ 3018.88

Cargo Insurance \$ ~~\$2,500.00~~ 958.00

Limits Quoted: (See Below)

Limits \$2,000,000.00

Limits \$500,000

* Attach Certificate of Insurance if available.

Am WINS access insurance services, LLC

Name of Insurance Company

21550 Oxford St Suite 1100 Woodland Hills Calif.

Home Office Address of Company

91316

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

James Powell
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

James Burrell
Applicant's Signature

Owner / sole proprietor
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Aiken)

SWORN TO BEFORE ME
This 20 day of October, 2020

Patricia B. Swearingen
Notary Public

Commission Expires 01-10-2029



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

James Powell

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, James Powell, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

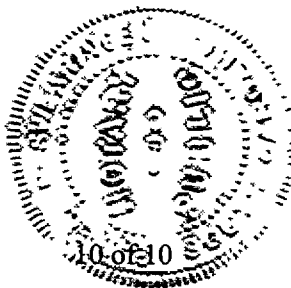
This 20 day of October, 2020

Pamela B Swearingen
Notary Public

Commission Expires 01-10-2029

James Powell

Applicant's Signature



Print Application



AmWINS Access Insurance Services, LLC
21550 Oxnard Street
Suite 1100
Woodland Hills, CA 91367

amwins.com

October 15, 2020

Colin Grant
Hutson-Etherredge Companies
129 Park Avenue, SW
Aiken, SC 29802

RE: A to B Moving Co

PACKAGE QUOTATION

Dear Colin:

Please find the attached quotation for A to B Moving Co. Here is a summary of the terms and conditions:

INSURED: A to B Moving Co

MAILING ADDRESS: 1268 Aiken Rd
Aiken, SC 29805

CARRIER: Century Surety Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 10/16/2020 to 10/16/2021
12:01 A.M. Standard Time at the Mailing Address shown above

QUOTE EXPIRATION DATE: See Attached

POLICY PREMIUM:

Premium	\$2,488.00
TRIA	Included in Premium Above
Fees	\$360.00
Surplus Lines Taxes and Fees	\$170.88
Total	\$3,018.88

MINIMUM EARNED PREMIUM: 25%

COMMISSION:

SUBJECTIVITIES: See Attached

COMMENTS: NA

SURPLUS LINES TAX SUMMARY

HOME STATE: South Carolina

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$250.00

AmWINS Inspection Fee	Yes	\$110.00
Total Fees		\$360.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
South Carolina	Surplus Lines Tax	\$2,488.00	\$360.00	\$2,848.00	6.00%	\$170.88
Total Surplus Lines Taxes and Fees						\$170.88

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Justin Shutt

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 818.772.3876 | M 805.223.0942 | F 818.772.9170 | justin.shutt@amwins.com
21550 Oxnard Street | Suite 1100 | Woodland Hills, CA 91367 | amwins.com

On behalf of,

Richie Ortiguerra

Senior Vice President | AmWINS Access Insurance Services, LLC
T 818.772.3856 | M 805.217.3710 | F 818.772.9170 | richie.ortiguerra@amwins.com
21550 Oxnard Street | Suite 1100 | Woodland Hills, CA 91367 | amwins.com

License 0118107

SURPLUS LINES DISCLOSURE

South Carolina

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

AmWINS Access Insurance Services, LLC

21550 Oxnard Street, Suite 1100

Woodland Hills, CA 91367

Richie Ortiguerra

Phone: (818) 772-3856 ext:

Fax:

EMail: richie.ortiguerra@amwins.com

DATE: 10/15/2020**Company:** Century Surety Company**A.M. Best Rating:** A- Excellent**COL Reference Number:** 2500012**TO:****AGENCY:****RE:** A to B Moving co.**Quote Reference:****QUOTE FOR INSURANCE**

Proposed Policy Effective Dates: 10-16-2020 To: 10-16-2021

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

General Liability	\$	1,530.00
Motor Truck Cargo	\$	958.00
Total Amount	\$	2,488.00
Commission		10.00%

QUOTATION SUBJECT TO THE FOLLOWING:

- Signed and Completed ACORD Application
- Signed and Completed Supplemental Application.
- Signed and Completed Transportational filing request
- Favorable MVR's
- Signed and Completed SL-2 and D-1
- Receipt of 3-5 years valued loss runs or signed no known loss letter

okay. amb for CSR. 10/15/2020

This quote is valid until 1/13/2021. The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you for the opportunity to quote your business.

Richie Ortiguerra

Vice President

OC01319

AmWINS Access Insurance Services, LLC21550 Oxnard Street, Suite 1100
Woodland Hills, CA 91367

RE: A to B Moving co.

DATE: 10/15/2020

COL Reference Number: 2500012

General Liability Quote

Coverage Type: Per Occurrence

Limits:

<i>General Aggregate Limit (Other than Products & Completed Operations)</i>	\$ 2,000,000
<i>Products/Completed Operations Aggregate Limit</i>	Included in the General Aggregate
<i>Personal and Advertising Injury Limit</i>	\$ 1,000,000
<i>Each Occurrence Limit</i>	\$ 1,000,000
<i>Damage to Premises Rented to You Limit</i>	\$ 100,000
<i>Medical Expense Limit</i>	\$ 5,000

Defense: Defense in addition to policy limits

Deductible: \$500 Combined BI/PD - Per Claim

Defense included in Deductible: Yes

Deductible shall reduce policy limits? No

				Rate		Advanced Premium	
St/Terr	GL Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	Pr/Co	All Other
SC/001	99793	Truckers	p) 80,000	19.125	Incl	Incl	\$ 1,530
Subtotal General Liability Premium: \$							1,530

Other	Notes	Premium
Waiver of Transfer of Rights of Recovery Against Others to Us	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement	No Charge

Line Of Business Subtotal Premium:	\$	1,530
TRIA Premium:	\$	0
Minimum Premium for This Coverage Part:	\$	1,530

Subtotal coverage premium shown above may include a coverage type Minimum Premium.

Legend	a) Area	c) Cost	m) Admissions	o) Total Operating Expenses	p) Payroll	s) Sales	t) Other	u) Units
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AmWINS Access Insurance Services, LLC

21550 Oxnard Street, Suite 1100
Woodland Hills, CA 91367

RE: A to B Moving co.

DATE: 10/15/2020

COL Reference Number: 2500012

Motor Truck Cargo Quote

Commodities: Household Goods Movers - Local (150 miles or less)				Deductible: \$ 1,000	
Cause of Loss: Named Perils		Theft: Included		Hazard Group: 5	
Coverage	Limits		Rates	Power Units	Premium
Motor Truck Cargo	\$ 25,000	Maximum per "Covered Vehicle" Per Occurrence	\$ 958	1	\$ 958
	\$ 25,000	Maximum Per Any One Occurrence			

Additional Coverages

Code	Description	Comments	Exposure	Rate	Premium

Subtotal Coverage Premium:				\$	958
TRIA Premium:				\$	0
Total Coverage Premium:				\$	958

AmWINS Access Insurance Services, LLC

21550 Oxnard Street, Suite 1100
Woodland Hills, CA 91367

RE: A to B Moving co.

DATE: 10/15/2020

COL Reference Number: 2500012

Policy Forms**Interline Forms:****Required**

<input checked="" type="checkbox"/> CCP 2010 05 08	Service of Suit Clause
<input checked="" type="checkbox"/> CIL 0003 02 20	Calculation of Premium
<input checked="" type="checkbox"/> CIL 1500B 02 02	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/> CSCP 1000 05 19	Century Surety Company Commercial Lines Policy Jacket
<input checked="" type="checkbox"/> CSCP 1001 05 18	Century Surety Company Commercial Lines Policy Common Policy Declarations
<input checked="" type="checkbox"/> IL 0017 11 98	Common Policy Conditions
<input checked="" type="checkbox"/> IL P001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<input checked="" type="checkbox"/> PNCC 0001a 04 20	Policyholder Notice Claims Reporting
<input checked="" type="checkbox"/> PRIV 0001 05 19	Privacy Statement
<input checked="" type="checkbox"/> TRIA 0001 01 15	Policyholder Disclosure Notice of Terrorism Insurance Coverage

General Liability Policy Forms:**Required**

<input checked="" type="checkbox"/> CG 0001 04 13	Commercial General Liability Coverage Form
<input checked="" type="checkbox"/> CG 0300 01 96	Deductible Liability Insurance
<input checked="" type="checkbox"/> CG 2107 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/> CG 2147 12 07	Employment-Related Practices Exclusion
<input checked="" type="checkbox"/> CG 2165 12 04	Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception
<input checked="" type="checkbox"/> CG 2176 01 15	Exclusion of Punitive Damages Related to Certified Act of Terrorism
<input checked="" type="checkbox"/> CG 2184 01 15	Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism
<input checked="" type="checkbox"/> CG 2187 01 15	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
<input checked="" type="checkbox"/> CG 2196 03 05	Silica or Silica-Related Dust Exclusion
<input type="checkbox"/> CG 2293 04 13	Lawn Care Services - Limited Pollution Coverage
<input checked="" type="checkbox"/> CG 2404 05 09	Waiver of Transfer of Rights of Recovery Against Others to Us
<input type="checkbox"/> CG 2504 05 09	Designated Location(s) General Aggregate Limit
<input checked="" type="checkbox"/> CGL 1500 04 07	Century Surety Company Commercial General Liability Coverage Part Declarations
<input checked="" type="checkbox"/> CGL 1605 03 16	Exclusion - Appliance Installation or Connection Operations
<input checked="" type="checkbox"/> CGL 1632 02 20	Limitation - Products-Completed Operations Hazard - Works of Art
<input checked="" type="checkbox"/> CGL 1701 09 17	Special Exclusions and Limitations Endorsement
<input checked="" type="checkbox"/> CGL 1702 11 00	Action Over Exclusion
<input type="checkbox"/> CGL 1704 01 16	Exclusion - Assault and Battery
<input checked="" type="checkbox"/> CGL 1711b 12 17	Classification Limitation Endorsement

AmWINS Access Insurance Services, LLC

21550 Oxnard Street, Suite 1100
Woodland Hills, CA 91367

RE: A to B Moving co.

DATE: 10/15/2020

COL Reference Number: 2500012

Policy Forms

- | | |
|--|---|
| <input type="checkbox"/> CGL 1714 02 16 | Exclusion - Firearms |
| <input checked="" type="checkbox"/> CGL 1723 09 16 | Exclusion - Dogs |
| <input checked="" type="checkbox"/> CGL 1728 03 16 | Limitation - Contractual Liability |
| <input checked="" type="checkbox"/> CGL 1793 10 19 | Exclusion - Aircraft, Auto or Watercraft |
| <input type="checkbox"/> CGL 1812 08 12 | Exclusion - Past Liabilities |
| <input type="checkbox"/> CGL 1852 03 11 | Past Projects Property Damage Exclusion |
| | |
| <input checked="" type="checkbox"/> CIL 0249 07 19 | South Carolina Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> IL 0021 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

Motor Truck Cargo Policy Forms:**Required**

- | | |
|--|--|
| <input checked="" type="checkbox"/> CIL 0249 07 19 | South Carolina Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> CIM 1501 07 07 | Commercial Inland Marine General Conditions |
| <input checked="" type="checkbox"/> CIM 1503 01 17 | Century Surety Company Commercial Motor Truck Cargo Carriers Coverage Form Declarations |
| <input checked="" type="checkbox"/> CIM 1569 07 07 | Motor Truck Cargo Carriers Coverage Form (Household Goods Carriers) |
| <input checked="" type="checkbox"/> IL 0935 07 02 | Exclusion of Certain Computer-Related Losses |
| <input checked="" type="checkbox"/> IL 0986 01 15 | Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses |
| <input checked="" type="checkbox"/> IL 0995 01 07 | Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act) |

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019; and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	
Inland Marine	0
Crime	Excluded
General Liability	0
Garage	Excluded
Total	0

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0115